



**CITY OF MONTEREY PARK**  
**Human Resources Department**  
320 West Newmark Avenue  
Monterey Park, California 91754  
(626) 307-1334  
www.montereypark.ca.gov

**EMPLOYMENT APPLICATION** Effective 7/1/14  
**FOR LIBRARY, POLICE, & RECREATION POSITIONS ONLY:**

Exact Position Title

**INSTRUCTIONS:** Please fill this application out completely and accurately, type or print legibly in black or blue ink. Applications will be evaluated based on the information provided and it is the applicant's responsibility to ensure that the information is complete.

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
HOME CELL

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(if required for position)

Typing Speed: \_\_\_\_\_ List any languages other than English that you can speak and understand: \_\_\_\_\_  
(If required for position)

Have you ever been discharged or asked to resign from a position? (If yes, please explain under "Additional Remarks" on Page 2) Yes ☐ No ☐

Do you have any relatives who are currently employed with the City of Monterey Park? Yes ☐ No ☐

If yes, provide name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of an offense other than a minor traffic violation? Yes ☐ No ☐

If so, please state the date and nature of offense, jurisdiction and disposition (convictions are evaluated for each position and are not necessarily disqualifying): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you claim Veteran's Credit for military service? ( ) yes ( ) no. If yes, you must provide a copy of discharge papers (DD214).

**EDUCATION**

High School Name/Location: \_\_\_\_\_

Circle highest high school year completed: 6 7 8 9 10 11 12 GED Did you graduate? Yes ☐ No ☐

Names and location of college, business, or trade school attended.	Dates Attended (Month/Year)	Credits Completed In Major	Major/Subject or Course	Degree or Certificate Awarded	Date Completed
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				

## EXPERIENCE

List all positions held in the last ten years, paid or unpaid, and periods not employed, beginning with your present or most recent experience. Attach additional sheets if more space is needed. By giving complete information you may improve your chances of employment. **Resumes may be attached but will not be accepted in lieu of complete answers.**

From Month/Year to Month/Year		Title of Position	
Name, Address and Phone Number of Employer		Duties Performed	
Name of Supervisor			
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week
From Month/Year to Month/Year		Title of Position	
Name, Address and Phone Number of Employer		Duties Performed	
Name of Supervisor			
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week
From Month/Year to Month/Year		Title of Position	
Name, Address and Phone Number of Employer		Duties Performed	
Name of Supervisor			
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week
From Month/Year to Month/Year		Title of Position	
Name, Address and Phone Number of Employer		Duties Performed	
Name of Supervisor			
Reason for Leaving	No. Supervised (if any)	No. of Hours Per Week	Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week

Additional Remarks:

The City of Monterey Park may contact my present employer for reference concerning my employment. Yes ☐ No ☐

The City of Monterey Park may contact my former employer (s). Yes ☐ No ☐

**Application Certification:** PLEASE READ BEFORE SIGNING. I CERTIFY the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny City employment or for disciplinary action including dismissal after employment. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_